

Date: \_\_\_\_\_

**VISITATION INTAKE FORM: VISITING PARENT**  
**CUSTODIAL PARENT**

1) Name: \_\_\_\_\_

2) DOB: \_\_\_\_\_ Age: \_\_\_\_\_

3) SSN: \_\_\_\_\_

4) TDL: \_\_\_\_\_

Vehicle (Make, Model, Year, Color): \_\_\_\_\_

Tag #: \_\_\_\_\_

5) Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address; \_\_\_\_\_

Name of children and age;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Phone Contact:

|              |                   |
|--------------|-------------------|
| <b>HOME:</b> | <b>CELL:</b>      |
| <b>WORK:</b> | <b>EMERGENCY:</b> |

Emergency contact information; \_\_\_\_\_

7) Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

8) If unemployed live with: spouse relatives other (specify): \_\_\_\_\_

9) Who is responsible for the fees? \_\_\_\_\_

10) Referred by:

- Ⓐ Judge
  - Ⓐ Attorney
  - Ⓐ Mediation
  - Ⓐ CPS
  - Ⓐ OAG
  - Ⓐ Other (specify) : \_\_\_\_\_

11) Beginning and ending dates of supervision: \_\_\_\_\_

12) If you have an attorney, please provide contact information below:

| NAME | ADDRESS | PHONE/FAX/EMAIL |
|------|---------|-----------------|
|      |         |                 |
|      |         |                 |
|      |         |                 |

13) Last court appearance? \_\_\_\_\_

14) Schedule recommended by the Court: \_\_\_\_\_

15) Are you separated/divorced from child's other parent? When? \_\_\_\_\_

16) Why are supervised visits or exchanges necessary?

- Ⓐ Substance Abuse (specify): \_\_\_\_\_
- Ⓐ Mental Illness (specify): \_\_\_\_\_
- Ⓐ Kidnapping (date of incident or threat): \_\_\_\_\_
- Ⓐ Domestic Violence (date of PO): \_\_\_\_\_
- Ⓐ Police Intervention (specify): \_\_\_\_\_

- Ⓞ Criminal Record (specify): \_\_\_\_\_
- Ⓞ Child Abuse/Neglect (specify): \_\_\_\_\_
- Ⓞ Other (specify): \_\_\_\_\_

17) Has CPS ever been involved with the family? When? What reason?

18) Has the Attorney General's office ever been involved? Explain.

19) Have you ever been ordered or voluntarily taken parenting classes?

20) Have you ever seen a therapist or counselor? If so, when and for what reason?

21) Are you under the care of a physician for any chronic condition? If so, for what?

22) Do you qualify for any public benefits or services through any government or social service agency? If so, please specify:

23) When was the last visit or exchange with the children and was it supervised?

24) What problems, if any, do you expect from the other party with visits or exchanges?